

Referral Form

Ordering Provider: CMSVAYN
Inna Vaynberg, PA

Service Provider: NJDOC Consultant
NJDOC

Phone:
Fax:

Phone:
Fax:

Patient Name: DEMITRIUS MINOR
Address: GYCF-N3-N3C-40B
Resp. Provider:

DOB: 1/12/1995 Age: 27
Sex: F SSN: ~~188-88-2716~~

SBI# 000494475E
Booking: 737824

Primary Insurance

Company: NJDOCIC
Plan: NJDOCIP
Group #:
Policy #:
Insured Party:

<u>Code</u>	<u>Description</u>
REFQ33	Plastic Surgery Consult
	Auth#:
	Maximum Vists: 0
	Start Date: 9/15/2022 12:00:00AM End Date: 11/14/2022
	Duration: 60 Days
	Reason: Dr. Edward Lee, plastic surgeon, University Hospital, Newark for augmentation mammoplasty, pt is transgender female
	Reason: 27 years old transgender female on hormone therapy MTF, requesting gender reassignment surgery. MH attestation letter was completed, please schedule patient for evaluation with plastic surgeon regarding breast augmentation/mammoplasty. may travel via DOC van
Inna Vaynberg, PA September 15, 2022 3:33 PM
Abu Ahsan, MD September 15, 2022 3:43 PM
	Criteria met by the utilization management physician
	advisor.....Ihuoma Nwachukwu, MD September 22, 2022 11:59 AM
	Admin Comments:

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Garden State Youth Correctional Facility-Main

PO Box 11401 Yardville, NJ 08620

Fax:

October 4, 2022

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Internal Correspondence

DEMITRIUS MINOR

Female DOB:01/12/1995 Booking #:737824 SBI:000494475E

Ins: NJDOCIC (NJDOCIP)

09/29/2022 - Internal Correspondence: MH Chart Note for attestation letter

Provider: Kenneth H. Vaughan, PsyD

Location of Care: Garden State Youth Correctional Facility-Main

This document contains confidential information

Chart Note

Narrative: Demi Minor DOB: 1/12/1995 SBI: 494475E

To whom it may concern,

Demi Minor is a patient who currently resides at Garden State Youth Correctional Facility (GYCF) and is requesting to receive a breast augmentation, orchiectomy, and penile inversion. As part of the process, I am writing a letter of attestation to speak to her current level of psychological functioning to make decisions to acquire surgery as gleaned from a review of the Electronic Medical Record (EMR), and having interviewed the patient. She has resided here since her transfer to the GYCF from 6/29/22 to the present day.

Ms. Minor is a 27 year old African American Transgender Female. She was born biologically a male, but reported to have started identifying as a female at 8 years-old. Ms. Minor prefers the pronouns she/her. Ms. Minor is incarcerated for Aggravated Manslaughter since she was 16 years-old and has a long-standing Mental Health history. The patient is currently diagnosed with Post-Traumatic Stress Disorder, Gender Dysphoria, and Antisocial Personality Disorder.

During my evaluation with Ms. Minor, I observed her to be logical and coherent in her thought process. She denies suicidal ideation, homicidal ideation, and does not evidence auditory or visual hallucinations. Ms. Minor appears to have appropriate reality testing and remains in control of her mental faculties. She does not evidence signs of psychotic thinking. The clinician to whom Ms. Minor is assigned reports that she engages in her therapy sessions and communicates her needs well with direct treatment staff. Ms. Minor has been motivated to work on her mental health while at GYCF, and while in the NJDOC. She has also been an advocate for herself in the correctional system for transgender rights and frequently writes to her supports outside of the prison system, as well as advocating for her needs through the Ombudsman's Office.

In a review of the a letter written by Diana Finkel, DO University Hospital, Newark, to proposed surgeon, Dr. Lee, DO Finkel concludes "from a medical point of view, I have no hesitation in recommending her for the procedure as she meets the criteria set forth by the World Professional Association for Transgender Health."

Ms. Minor reports to me that she is aware of the consequences of gender assignment surgery and has weighed them. She is currently psychologically stable.

In reviewing the InterQual Criteria for Gender Affirming Surgery, it is clearly evident that Ms. Minor has a strong and persistent cross-gender identification that has been present for greater than 6 months. She acknowledges a marked incongruence between experienced or expressed gender and

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DEMITRIUS MINOR

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Ins: NJDOCIC (NJDOCIP)

primary and secondary sex characteristics. She expresses on a continual basis a strong desire to have current primary and secondary sex characteristics of the other gender. She wishes to be treated as the other gender. She has confidence that typical feelings and reactions are of the other gender. For example, when asked a question related to feelings and reactions, she related, "I think I've always thought like a female." I note that Ms. Minor experiences suffering in her present

body. She relates, "I cry when I look at myself and I see the characteristics that I have not the characteristics that I want to have." As stated previously, she is requesting male to female surgery including breast augmentation, orchiectomy, and penile inversion.

There is well-documented gender dysphoria. I am writing to attest that at the present time, there are no psychological contraindications to Ms. Minor request to, and understand the consequences of her request to receive a breast augmentation, orchiectomy, and penile inversion.

Update to the Original Evaluation: This clinician met with Ms. Minor on 9/28/2022, along with my Supervisor Dr. Tscherne, to discuss with her self-injurious behavior that she engaged in on 9/16/2022. Ms. Minor reported remorse for her acting out behaviors and stated that she did not want to kill herself. She noted that her acting out was born out of frustration and she was able to acknowledge that it was not an appropriate way to manage her frustration. Ms. Minor was able to articulate more appropriate ways that she could have managed her frustration including speaking to supports, reaching out to Medical/Mental Health staff, writing, or engaging in activities. Ms. Minor stated that she had targeted her genital area due to a strong dislike for her male genitals. Ms. Minor is aware that such behavior only serves to delay her goal of acquiring gender reassignment surgery. She shared that her lawyer warned her about her behavior as well.

Ms. Minor remains focused on her long-term goal of getting surgeries that would make her physical appearance more congruent with her internal experience of being female. She contracted for continued safety and a commitment to utilizing the appropriate channels for getting support. At this time, following this interview, this letter continues to serve as an attestation for Ms. Minor to obtain gender affirming surgery.

Kenneth Vaughan, Psy. D.

Clinician Supervisor, GYCF

Problems/Allergies/Observation Changes

Orders to be Processed and/or Transcribed

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Electronically Signed by Kenneth H. Vaughan, PsyD on 09/29/2022 at 1:43 PM

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September 23, 2022

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Internal Correspondence

DEMITRIUS MINOR

Female DOB:01/12/1995 Booking #:737824 SBI:000494475E

Ins: NJDOCIC (NJDOCIP)

09/12/2022 - Internal Correspondence: MH Chart Note for attestation letter

Provider: Hanny Mabrouk, MD

Location of Care: Edna Mahan Correctional Facility for Women

This document contains confidential information

Chart Note

Narrative:

Purpose:

Patient is being seen for evaluation of request for gender affirmation surgery (top/bottom surgery). Rutgers – University Correctional Health Care is determining the medical necessity for these surgeries using InterQual criteria.

Relevant Data:

Demitrius Minor is a 27 year-old Black transgender female with psychiatric diagnoses of PTSD, gender dysphoria, and antisocial personality disorder. Patient is incarcerated for aggravated manslaughter, 30 years and carjacking, 10 years, with a max date of 01/09/2037. Patient arrived at the NJ Department of corrections as a minor, at the age of 17 years old, and has been incarcerated full time since then. Patient was mainly housed in male prisons, until arrival at EMCF in August 2020, and has lived as a woman while at EMCF. Patient reports she felt she was the wrong gender for a young age, but her family did not support her during this time, and was even verbally and physically abusive when patient would act in an effeminate manner. She first became aware of the "protective transgender policies" that the DOC was implementing in 2019 via her attorney. She was initially offered the opportunity to come to EMCF in 2019, but declined as she was scared of the unknown setting, but later accepted, and came to EMCF in 2020.

Patient has been taking feminizing hormones since June 2020, and has been compliant with them. A review of the DOC classification folder and extensive DCPD records were non-contributory in regards to gender dysphoria symptoms as a child, but patient's brother did provide collateral information consistent with symptoms of gender dysphoria from a young age. Patient has not had any treatment or therapy for gender dysphoria symptoms while not incarcerated, but has also been incarcerated since her teenage years.

Opinion:

InterQual criteria for medical necessity of breast augmentation for gender affirmation surgery includes the following:

1. A strong and persistent cross-gender identification for at least 6 months.
2. Two or more of: a marked incongruence between experienced or expressed gender and primary or secondary sex characteristics, strong desire to not have current primary or secondary sex characteristics because of the incongruence with experienced or expressed gender, strong desire to have primary or secondary sex characteristics of the other gender, strong desire to be the other

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gender or an alternative gender, strong desire to be treated as the other gender, and strong confidence that typical feelings and reactions are of the other gender.

3. Clinically significant distress or impairment in social or occupational or other important areas of functioning and clinically significant increased risk of suffering.
4. Referral from one behavioral health specialist clearing patient for gender affirmation surgery, persistent and well-documented gender dysphoria, capacity to make fully informed decisions and to consent, and no psychiatric disorder by history or psychiatric disorder controlled.
- 5 Cross-sex hormone therapy for at least 12 months or hormone therapy contraindicated.

Ms. Minor meets these criteria. Patient is psychiatrically stable at this time, but had a recent episode of genital mutilation in late July 2022, and any new psychiatric problems or self-mutilation will require a new assessment of patient's mental stability. Patient is aware of some of the risks of requested surgeries, including the risks of infection, loss of future fertility, and pain/surgical complications. Patient would benefit from meeting with a surgeon to review the risks/benefits/alternatives to requested surgeries to have more thorough and complete informed consent. This letter is a recommendation for the requested surgery.

Problems/Allergies/Observation Changes

Orders to be Processed and/or Transcribed

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Electronically Signed by Hanny Mabrouk, MD on 09/12/2022 at 2:33 PM

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University
HOSPITAL

Newark, NJ

10/05/21

RE:Demi Minor
Legal name: Demitrious Minor
Chosen name: Demi
Edna Mahan Corrections
30 Pittstown Rd.
Clinton NJ 08809
DOB: 1/12/1995

Dear Dr. Lee,

Demi is currently under my care for comprehensive medical and preventive care, including medical treatment for a diagnosis of gender dysphoria. She has requested this letter in support of gender-affirming surgical treatment. She plans to undergo top surgery under your care.

Demi first knew that she identified as feminine from the age of 8. Around adolescence, she began to understand that her true internal identity was not congruent with her sex assigned at birth. Socially, she has been living in her gender role of woman since the age of 8 with the support of foster care staff.

She first started taking feminizing hormone therapy in 2/2019. She is currently on oral finasteride and injectable estradiol. On hormone/androgen-blocking therapy, she has noted breast growth, mild weight gain, and softer skin and muscles with a feminine body shape.

Her medical history is significant for Diabetes and Asthma. Her medications currently include:

Current Outpatient Medications:

- finasteride (PROSCAR) 5 MG Tablet, Take 1 Tablet (5 mg total) by mouth Daily., Disp: 30 Tablet, Rfl: 3
- Levalbuterol Tartrate (HOPENEX HFA) 45 MCG/ACT metered dose inhaler, 2 Puffs by Inhalation route Every 4 hours as needed., Disp: , Rfl:
- MetFORMIN HCl (GLUCOPHAGE-XR) 500 MG 24 hr tablet, Take 1 Tab (500 mg total) by mouth 2 times a day., Disp: 60 Tab, Rfl: 3
- Syringe/Needle, Disp, (SYRINGE 3CC/22GX3/4") 22G X 3/4" 3 ML MISC, 1 Units Once a week. Reasonsestradiol injection, Disp: 12 Each, Rfl: 3

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She has no history of surgeries.. Her psychiatric history is significant for Depression, PTSD Currently, she has no active symptoms of depression, and a PHQ-2 screen is negative. She does, however, report on-going psychological distress as a result of her current secondary sexual physical characteristics.

Her family history is not significant. She currently lives at the Edna Mahon Correctional facility and has mental health and nursing available on site. She has completed some college and is currently working only in corrections. Tob/EtOH/Drugs previous marijuana use.

On exam, her BMI is 29 and her most recent blood pressure is 125/80. She has a feminine gender expression. She is oriented to person, place, and time and appears well-developed and well-nourished. Her conjunctivae are normal, without scleral icterus. Oropharynx is clear and moist with no exudate. Breast exam shows tanner 2, no galactorrhea. On cardiovascular exam she has a normal rate, regular rhythm and normal heart sounds, with no murmur heard. Respiratory effort is normal and breath sounds normal. Abdomen is soft; bowel sounds are normal. There is no distension or tenderness. She has no lower extremity edema or joint deformities. Her skin is warm and dry, with no rash noted. She has a normal mood and affect.

Her most recent laboratory results are in Epic.

In summary, Demi is a healthy 26 year-old transgender woman with long-standing gender dysphoria, currently on gender-affirming hormone therapy for approximately 2 years who will undergo gender-affirming surgery consisting of top surgery. She has made significant progress in her gender affirmation on psychological, social, and physical basis, and expresses satisfaction with the affirmation process so far. Despite this, she continues to experience distress as a result her her current physical state and would benefit from gender-affirming surgery to relieve symptoms of gender dysphoria. She has good knowledge of, and the ability to follow, the Standards of Care for surgery and can provide informed consent. Prior to surgery, I recommend that she establish care with a mental health professional to assist her with further exploring the process of on-going gender affirmation and she will access that care at Edna Mahan Correctional Facility. We will also optimize her Diabetes prior to surgery.

From a medical point of view, I have no hesitation in recommending her for the procedure as she meets the criteria as set forth by the World Professional Association for Transgender Health. No special precautions are needed pre- or peri-operatively other than what is standard of care. I defer to your protocol for holding hormone therapy peri-operatively. I will follow-up with her post-operatively for hormonal dose adjustments, monitoring for desired effects and complications, and continued comprehensive medical and preventive care going forward.

I you need any more information of have questions, do not hesitate to contact me.

Sincerely,

Diana Finkel DO
Internal Medicine
NJ 25MB07426000

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